

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013664
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Primary Registration District No. 544
REGISTRATION DISTRICT No. 347
FILED MAR 27 1962

Primary Registration District No. 544

Registrar's No. 908

VS 300
Rev. 4/5914003
24015

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KirkwoodLength of stay in 1b
5 hrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Joseph Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

admission)

c. CITY
OR TOWN

Ballwin

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

222 Ramsey Lane

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Albert

Middle

J.

Last

Schmidt

4. DATE
OF
DEATH

Month

Day

Year

Mar. 17, 1962

5. SEX
M.6. COLOR OR RACE
W.7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
12/29/19239. AGE (last birthday)
38IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Auto Body Repairman10b. KIND OF BUSINESS OR INDUSTRY
Ladue Local Lines11. BIRTHPLACE (City and state or country)
St. Liboury, New U.S.A.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Albert F. Schmidt

13b. MOTHER'S MAIDEN NAME

Florence

14. NAME OF HUSBAND OR WIFE

Bernice

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Bernice Schmidt, Ballwin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Knowledge from neck.
Pneumonia of lipConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATH6 hours
2 1/2 yearsPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred atSept 17
1962

to

Janet

and last saw

him alive on 3/16/62

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Death certificate)

22b. ADDRESS

206 N. Hwy. Kirkwood, Mo.

22c. DATE SIGNED

3/17/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

3/20/62

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

101 Memorial, St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Schrader F.H., Ballwin, Mo.

25. DATE RECD. BY LOCAL REG.

3-19-62

26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard Popp

Licensed Embalmer No.

4584

P. O. Address

Baldwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.